#### **Suicide Prevention Infrastructure**

- Comprehensive surveillance of attempts and completions at local, regional, state, and national level—consistent, effective guidelines for defining and reporting
- · Prospective national and regional epidemiology studies
- Organized, large scale studies testing universal, selective, and indicated preventive interventions (including media campaigns)
- Carefully developed and evaluated community-level effectiveness studies

## **Community Level**

- Dedicated, articulate community leadership—urgency, commitment, and consistency—and definition of core designated leadership group ('the buck stops with us')
- Recognition that there are different groups for concern (i.e., not just youth, or just elders)
- Commitment of 'multi-level' partnership groups, including state, county, city and town (including police and courts); health care organizations and providers; non-governmental community action organizations; voluntaries and churches; as well as individuals
- All efforts must include rigorous evaluation components, championed by leaders but conducted objectively by others, to assess: Who uses them? What do participants learn? What do they do retain? Do they seek assistance? Does the program change key intermediary outcomes (e.g., referrals to care, treatment for depression, lowered alcohol and drug use, lessened domestic violence)? Is there a specifically related reduction in the rates of attempted or completed suicide? How would potential untoward effects be detected and managed during the evaluation of a program?

# **School-based Programs** (current data to support effectiveness are unavailable)

- \*Provides a secure environment for education and personal development (e.g., no weapons, no bullying)
- \*Coordinated with local care providers, with rapid access for vulnerable youth
- \*Aimed at social skills/building interpersonal competency
- \*Staff the target for gatekeeper training for awareness and recognition—not as counselors
- Youth supporting one another to seek assistance—not serving as counselors
- Target attention to diminishing substance use, acknowledging depression, and discussing personal stress (Note: Direct screening of uncertain value)
- Need to create early-intervention, comprehensive programs for identified 'problem children'
- Engagement of parents via school-based identification of 'index problems'

## The Alternate Mental Health System—Courts, Jails, and Prisons

- Community and family focused interventions for high risk youth
- Police sponsored programs for victims and witnesses of violence
- Basic approaches to jail and prison evaluation and observation
- Youth oriented programs based in detention centers and residential living centers—evaluation, treatment initiation, and jail diversion
- Mental health intake services sited in court settings—evaluation, stabilization, and rapid referral
- Domestic violence programs tied to coordinated (family and criminal) court programs—therapeutic urgency for both victims and batterers
- Programs that integrate sentencing and aftercare, with court accountable case management and therapeutic options

## **Community Based Efforts**

- Part of a coordinated fabric of prevention activities
- Tied to active local organizations Ý Reflection of a commitment from employers, organization leaders, faith leaders—for some, coordinated by county or city department of health, tying community and school efforts into professional response system

- Coordinated with medical and crisis services to provide care whenever needed—assured access to care
- Modeled on practices with demonstrated successes in other prevention paradigms
- Follows general community prevention principles but is modeled to local needs and resources
- Crisis line/crisis services professionally led, accredited, and integrated into local health systems—also part of forming national network

#### **Local Media**

- Informed about suicide—contributing factors, national patterns, treatable conditions
- Provide factual information, not myths
- Educated about contagion effect; don't sensationalize (e.g., front page coverage, pictures)
- Provide resources to public
- Factors to consider in creating guidelines: Form relationship with media, particularly gatekeepers (e.g., editors) Involve media in creating and disseminating guidelines Disseminate consistently/repeatedly over extended period of time Simple, usable, and consistent
- The message...
- Seeking help prevents suicide
- Focus on gate keepers
- Suicide is not inexplicable act
- Compliance with treatment is important

### The Professional Mental Health and Medical Communities

- Committed to public health approaches to complement clinical therapeutics
- Recognition of suicide and attempted suicide as public health problems
- Realization that suicidal behaviors are part of larger and complex health issues
- Sophisticated understanding of different needs for distinctive risk populations across the life course
- Reaching out beyond traditional medical and mental health settings to address needs of those who do not seek care
- Efforts integrated with communities at multiple levels
- Educating employers, community leaders, and general population about barriers to care

- Fostering continuing professional education programs to enhance recognition and treatment of at-risk individuals
- Well developed after-care, case management, and resource support to enhance care utilization by patients and families